



Summary of Work-Related Injuries and Illnesses

Per SPS 332.10, all Wisconsin public employers must complete and submit this summary form, or the equivalent OSHA 300A form, by March 1 of each year even if no work-related injuries or illnesses occurred during the year. Review your “Log of Work-Related Injuries and Illnesses” to verify that the information you provide is complete and accurate. If applicable, use a zero to indicate no cases. A “Log of Work-Related Injuries and Illnesses” worksheet is provided and can be found at: [Log of Work-Related Injuries and Illnesses SDB10710a](#)

Number of Cases

Total number of deaths:	Total number of cases with days away from work:	Total number of cases with job transfer or restriction:	Total number of other recordable cases:
_____	_____	_____	_____

Number of Days

Total number of days away from work:	Total number of days of job transfer or restrictions:
_____	_____

Injury and Illness Types

Total number of:	(1) Injuries	_____	(4) Poisonings	_____
	(2) Skin disorders	_____	(5) Hearing losses	_____
	(3) Respiratory conditions	_____	(6) All other illnesses	_____

Year _____

Establishment Information

Establishment name: _____

Street address: _____

Employment Information

Annual average number of employees: _____

Total hours worked by all employees last year: _____

Contact Information

Employer contact name: _____

Telephone number: _____

This summary must be posted in an employee area from February 1 To April 1 of the year following the year covered by the form.